

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CITIZENS FOR STRENGTH AND SECURITY ACTION FUND INC. (CSS ACTION FUND)

(b) Address (number and street)

☐ check if different than previously reported

300 M STREET SE STE 1102

(c) City, State and ZIP Code

WASHINGTON

VA

20003

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

2. FEC Identification Number

C C30001713

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

(b) Communication Title FAMILIES

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

CARRIE SCHUYLER

(b) Address (number and street)

1000 POTOMAC ST NW

(c) City, State and ZIP Code

WASHINGTON

DC

20007

(d) Name of Employer or Principal Place of Business

HILLTOP PUBLIC SOLUTIONS

(e) Occupation

CONSULTANT

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

114650.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CARRIE SCHUYLER

SIGNATURE Electronically Filed by CARRIE SCHUYLER

DATE 10/15/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.